



- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

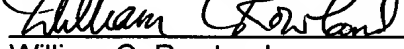
AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	19	20	0	x \$ 50 (1202)	\$ 0
Independent Claims	6	6	0	x \$ 200 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
<b>Total Claim Amendment Fee</b>					<b>\$ 0</b>
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0</b>

- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date August 30, 2007

By:   
William C. Rowland  
Registration No. 30888

P.O. Box 1404  
Alexandria, VA 22313-1404  
703 836 6620